

PLACER COUNTY BUILDING DEPARTMENT SUPPLEMENTAL RESIDENTIAL APPLICATION

AUBURN OFFICE (530)889-7487/TAHOE OFFICE (530)581-6200

(PLEASE FILL OUT COMPLETELY)

ASSESSOR'S PARCEL NO.: _____

OWNER OF PROPERTY: _____

TELEPHONE NO: _____

MAILING ADDRESS: _____

(Complete address) Street Number/Street Name/Town and Zip Code

CONTRACTOR'S NAME: _____

TELEPHONE NO: _____

MAILING ADDRESS: _____

(Complete address) Street Number/Street Name/Town and Zip Code

CONTRACTOR'S STATE LICENSE NO./CLASS/EXPIRATION DATE: _____

WORKER'S COMPENSATION APPLICABLE? YES NO

CARRIER _____ POLICY NO _____

ARCHITECT/ENGINEER'S NAME: _____

STATE LICENSE NO _____

MAILING ADDRESS: _____

(Complete address) Street Number/Street Name/Town and Zip Code

PROJECT LOCATION: _____

AREA(CITY/TOWN)

STREET NO

STREET NAME

NEAREST STREETS:

SUBDIVISION NAME (If applicable):

LOT NO:

TYPE OF WORK/USE OF STRUCTURE

DESCRIBE WORK TO BE DONE:

*

CONTRACT

PRICE:

BUILDING DEPARTMENT USE ONLY	
SQ. FT. (If applicable)	PERMIT FEE _____

_____ _____ _____		RECORDS FEE _____ \$20.00 SEISMIC FEE _____ TOTAL FEE _____	
AMOUNT PAID:	RECEIPT NO:	ISSUED BY:	DATE: